## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2007 08:00 AM Secretary of State

DC		IN	NIT	#	227	7750
-	<b>/</b> U	JIV	IVI	#	<b>JZ</b> 1	700

1. Entity Name SIL'S REALTY, INC



Principal Place of Business

Mailing Address

119 REEDY CREEK DR FROSTPROFF, FL 33843 US 119 REEDY CREEK DR FROSTPROFF, FL 33843

US



DO	NOT	WRITE	IN	THIS	SPA	CE

		 	,
4. FEI Number		 	Applied For
59-13479	54	 	Not Applicable
		 \$8.75	Additional

5. Certificate of Status Desired

02222007

\$8.75 Additions
Fee Required

CR2E034 (11/05)

OLIN A

6. Name and Address of Current Registered Agent

FAZZINI, COLIN A 119 REEDY CREEK DR FROSTPROOF, FL 33843

## DO NOT WRITE

No Cho-P

				*,	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	red office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	ir applicable (NOTE: Registers	ed Agent signature	required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PTM FAZZINI, COLIN A 119 REEDY CREEK DR. FROSTPROOF, FL 33843	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FAZZINI, ROBBIN L 119 REEDY CREEK DR. FROSTPROOF, FL 33843				-U00000677832 04/02/07-80009-001 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN :	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12   hereby c	ertify that the information supplied with this fi	iling does not qualify for the ex-	emptions con	tained in Chapter 11	9. Florida Statutes. I further certify that the information

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF KINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-07 863-655-3498

Daytime Phone #